AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT

Michigan Department of Licensing and Regulatory Affairs

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Name of Facility/Home Lic			icense Number		Name of Person Dire		Involved		Resident Employee Visitor	
Facility Address					Address					
Facility Phone					City/State/Zip Code					
Licensee Name					Phone	Case Number (if appl				
OTHER PER	SON(S) INVO	DLVE	D / WITNESSES:							
Name Resident					Name				Resid	
			Employee Visitor	'isitor					Visito	
Name			Resident Name Employee Visitor					Resid Emplo Visito	oyee	
FACTS OF T	HE INCIDENT	T (A	TTACH ADDITIONAL	PAG	ES AS NEEDE	(D):				
Date of Incident	Time: AM Name of Employee Assigned to Re PM				ident (if Applicable) Location of Incident (Kitchen, Yard, e				rd, etc.)	
Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):										
Action taken by Sta	aff / Treatment Give	en (Att	tach separate sheet if necessa	ary):						
Corrective Measure	es Taken to Remed	dv and	/or Prevent Recurrence (Attac	ch sepa	rate sheet if necessa	arv):				
		,	`	·		,,				
Name of Treating Physician / Health Care / N			Medical Facility / Hospital Phon		ne Number		Date Care Given		Time:	AM PM
Physician's Diagno	sis of Injury, Illnes	s or Ca	ause of Death, if known						•	
	, ,,		,							
PERSON(S)	NOTIFIED:									
Adult Protective Services (if applicable)			Notification Date / Time Written Notice / Date		Office of Recipient Rights (if applicable) Notification Date / Time					īme
Physician or RN (if applicable)			Notification Date / Time		Law Enforcement Agency (if applicable) Notifica				cation Date / Time	
Responsible Agency			Notification Date / Time Written Notice / Date		Other (please specify) Notificati				ation Date / Time	
Designated Representative / Legal Guardian					Notification Date / Time					īme
SIGNATURE	(S):									
Signature of Person Completing Report					Print Name and Title		Date			
Signature of Licensee / Licensee Designee / Administrator					Print Name and Title			Date	Date	

Incident notification, incident records. (R 400.1416a for Family Homes, R 400.14311 for Small Group Homes, R 400.15311 for Large Group Homes)

- (1) If a resident has a representative identified in writing on the resident's care agreement, a licensee shall report to the resident's representative within 48 hours after any of the following:
- (a) Unexpected or unnatural death of a resident.
- (b) Unexpected and preventable inpatient hospital admission.
- (c) Physical hostility or self-inflicted harm or harm to others resulting in injury that requires outside medical attention or law enforcement involvement.
- (d) Natural disaster or fire that results in evacuation of residents or discontinuation of services greater than 24 hours.
- (e) Elopement from the home if the resident's whereabouts is unknown.
- (2) If an elopement occurs, staff shall conduct an immediate search to locate the resident. If the resident is not located within 30 minutes after the elopement occurred, staff shall contact law enforcement.
- (3) An incident must be recorded on a department-approved form and kept in the home for a period of not less than 2 years.
- (4) The department may review incident reports during a renewal inspection or special investigation. This does not prohibit the department from requesting an incident report if determined necessary by the department. If the department does request an incident report, the licensee shall provide the report in electronic form within 24 hours after the request. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

R 400.2404a Incident notification, incident records. (For Congregate Homes Only)

Rule 404a. (1) As used in these rules:

- (a) "Department" means the department of licensing and regulatory affairs.
- (b) "Elopement" means a resident that has a service plan that requires notice or arranged supervision to leave the facility and is absent without notice or supervision.
- (c) "Incident" means, consistent with the incident recordkeeping requirement in this rule, an intentional or unintentional event where a resident sustains physical or emotional harm, an unexpected or unnatural death, is displaced by a natural disaster, or elopes.
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- (b) Unexpected and preventable inpatient hospital admission.
- (c) Physical hostility or self-inflicted harm or harm to others resulting in injury that requires outside medical attention or law enforcement involvement.
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- (5) The department may review incident reports during a renewal inspection or special investigation. This does not prohibit the department from requesting an incident report if determined necessary by the department. If the department does request an incident report, the licensee shall provide the report in electronic form within 24 hours after the request. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

R 400.2405 Deaths of residents. (For Congregate Homes only)

Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident's physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statutes applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.

AUTHORITY: P.A. 218 of 1979. COMPLETION: Is Required

CONSEQUENCE: Violation of Adult Foster Care Administrative Rule

LARA is an equal opportunity employer/program.